				10	UK
FOR INSTRUCTIONS, S		D4.05	Reset Form	FORM	
DISCLO	SURE SUMMARY	PAGE	Landing	DR-2	DISCLOSURE
COMMITTEE NAME (Mu	st be same as on Statement	of Organization)		(Rev. 07/200	
ED SKEN	LER PI			For Office Us	21336
	type of committee you are report	ing for: 11			
(1)Statewide/Legislative/Jud	dge Standing for Retention Cand	idate (2)State PAC (3)S	State Party	Scanned	
Political Subdivision Candida	ee (5)County Candidate (6)Cit te (8)County PAC (9)City PA	NC (10)School Board or C	Other Political	Computer	yn yn
Subdivision PAC (11) Loca					
CANDIDATE COMMITTE Candidate Name	1/1A	Political Party	(If applicable)		are subject to
Office Sought	JUN	2 2 2005 ict (if Sens	42 22 14		and criminal
Office Sought		- 4 4919NAICT (II. 261)	ite of House)	penalties.	
01/2					
2011-	ent	515	-967-42	67	6-20-
SIGNATURE OF PERSON	I FILING REPORT	TELEF	HONE	DAT	E SIGNED
7					
I AM FILING A		REPORT FOR	(1) ELECTION /(2	2)NON-ELECTION	ON YEAR.
	(report date)		Indicate by #		
(You must continu	mination) report and attach N le to file reports until a DR-3 i	is filed.)		h Election is held	itlees, enter County i
CASH ON HAND at the be	ginning of the reporting period	MENT OF CASH O	ld by the		
committee. This a of the last reportin	mount MUST be the same a g period or must be zero if the	s the cash on hand at this is is first report filed.)	ne end	\$	-0-
ADD TOTAL MON	IEY TAKEN IN THIS PERIO	ם			_
Schedule A: Cash	Contributions total (Attach S	Schedule A) (*also see ii	n-kind below)	<u> </u>	000.00
	s Received total (Attach Scho				0-
Schedule H: Total	Sales of Campaign Property	(Attach Schedule H)			9-
(Schedul	e H applies to Candidates'	Committees Only)			
			SUB-TOTAL	\$	60,000
SUBTRACT TOTA	L MONEY SPENT THIS PE	RIOD			
Schedule B: Expe	nditures total (Attach Schedu	ile B) (**also see debts	and loans below).	5	, ර ය ද ය ය ය
	Repayments total (Attach So				·
	of this reporting period (if fir				
	R-3)			\$	
*LINDAID BILL & /Erom C-	hadula D. Attack October 1	3			_
	hedule D - Attach Schedule [<u> </u>
	S (From Schedule E - Attach				
	From Schedule F - Attach Sc	cnedule F)		\$	
CANDIDATE COMMITTEES					
	WN (Schedule G Attached?)				YES WO
/ALUE OF CAMPAIGN PR	OPERTY (From Schedule H	- Attach Schedule H)		\$	

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE	NAME (Must be same as on Statement of Organization)	
ED	SKINNER P.C.	

A (Rev. 07/03)	MONETARY RECEIPTS		
	CK THIS BOX IF NDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-20-5	ID#	ED SKEWNER P.C. 204- 8-STSE PO.BOY 367 ALTOONA, FA 50009		\$5,000	
	ID# CK#				
	ID# CK#			,	
	ID# CK#				
	ID# CK#				
	1D# CK#				
	ID#				
	ID# CK#				
	ID#				
	ID#				
			SUB-TOTAL	\$5000	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page / of / (for Schedule A) FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

SCHEDULE В MONETARY (Rev. 07/03) **EXPENDITURES**

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

COMMITTE	E NAME (Must be s	same as on Statement of Organization)		
ED	SKENNE	R P.C.		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-20-05		IT'S FOR THE KIDS CON 8409 NESYBAVE ALTOONA, IA SOUG	CONTRIBUTION	\$ 5,000 ==
	ID# CK#			
•	ID# CK#			
	ID# CK#			
	,		SUB-TOTAL	\$ 5,000 °
			TOTAL (if last page of this schedule)	\$ 5,000

THIS BOX AP	PLIES TO CAND	IDATES' COMMITTE	EC ONI V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(1).)

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Page	- /	of	- 1	